

**PROFORMA FOR RECRUITMENT OF**  
**MEDICAL OFFICERS/WOMAN MEDICAL OFFICER**  
**THE CHILDREN'S HOSPITAL & THE INSTITUTE OF CHILD**  
**HEALTH, LAHORE.**

Photo

Post Applied for with Specialty:- \_\_\_\_\_

Name:- \_\_\_\_\_

Father's Name:- \_\_\_\_\_

Date of Birth:- \_\_\_\_\_ Domicile:- \_\_\_\_\_

CNIC:- \_\_\_\_\_ Marital Status:- \_\_\_\_\_

Phone Residence:- \_\_\_\_\_ Cell No:- \_\_\_\_\_ Email:- \_\_\_\_\_

Permanent Address:- \_\_\_\_\_

Postal Address:- \_\_\_\_\_

**PMDC Registration No.** \_\_\_\_\_

**PMDC Expiry Date:** \_\_\_\_\_

Sr. No.		Year of Passing	Marks Obtained	Total Marks	Div/Grade	Name of Institution
1.	Matriculation					
2.	Intermediate					

**MBBS:**

	<b>MBBS Professions</b>					Position in Board/University /Hafiz-e-Quran
	Part-I	Part-II	II	III	Final	
Year of Passing						
Attempts						
Obtained Marks/Total Marks						
Division						

<b>EXPERIENCE</b>	Name of Institution	Post Held	Duration		Total Exp. (Y-M-D)
			From	To	
a) House Job					
b) MO/RMO					
d) Any Other Experience					

\_\_\_\_\_  
Signature of Applicant

(Note:- Please attach attested copies of i) Matric Certificate, ii) F.Sc., iii) MBBS along with individual results of all professionals, iv) Postgraduate degrees, v) CNIC, vi) Domicile Certificate, vii) Valid PMDC Certificate, viii) All experience certificates issued by Competent Authority (Head of Institution/MS), ix) Two recent photographs, x) Research work.